**Superior Court of Washington, County of**

**Juvenile Court**

|  |  |
| --- | --- |
| Dependency of:  D.O.B.: | **No**:  **Interim Review Hearing Order**  **(ORIRH)**  [ ] **Clerk’s Action Required**. Paragraphs  2.4 [ ] CPR [ ] NSP [ ] CRD [ ] IPM [ ] PCT  [ ] NFA [ ] GCF, 3.3 EDL/WDL, 3.5, 3.7 |

|  |
| --- |
| The court will hear [ ] interim review [ ] dependency review [ ] permanency planning  [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m./p.m.  at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court, Room/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| About today’s hearing:  Was adequate and timely notice given to the child’s caregiver? Yes (CGATN) [ ] No (CGNATN) [ ]  Did the court receive a caregiver report? Yes [ ] / No [ ]  [ ] The caregiver appeared. Did the court give the caregiver an opportunity to be heard? Yes [ ] / No [ ] |

**I. Hearing**

1.1 The court held an interim dependency review hearing on *(date)* .

1.2 The hearing was scheduled:

[ ] By the court to .

[ ] For Family Treatment Court Review.

[ ] By motion of to .

1.3 The following persons appeared at the hearing:

[ ] Child [ ] Child's Lawyer

[ ] Parent 1 [ ] Parent 1's Lawyer

[ ] Parent 2 [ ] Parent 2's Lawyer

[ ] Guardian or Legal Custodian [ ] Guardian's or Legal Custodian's Lawyer

[ ] Child's GAL [ ] GAL's Lawyer

[ ] DCYF [ ] DCYF’s Lawyer

[ ] Tribal Representative [ ] Tribal Lawyer

[ ] Current Caregiver [ ] Child’s Educational Liasion

[ ] Interpreter for parent [ ] 1 [ ] 2 [ ] Other

[ ] Other

1.4 The [ ] parties agreed [ ] hearing was contested.

[ ] The court heard testimony.

[ ] The child is 12 years old or older and the court made the inquiry required by RCW 13.34.100(7).

**II. Findings**

2.1 [ ] has shown a change of circumstances since entry of

the last order as follows:

2.2 [ ] The child’s educational liaison is *(name)* .

[ ] The current educational liaison should continue.

[ ] It is no longer appropriate for the current educational liaison to continue because: .

DCYF recommends that the court appoint *(name)* to serve as the child’s educational liaison.

2.3 [ ] Additional orders are needed to:

[ ] Move the case toward permanency for the child.

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2.4 [ ] The child has been in out-of-home care for 15 of the last 22 months since the date

the dependency petition was filed and:

[ ] A termination petition has already been filed.

[ ] Good cause not to require the filing of a termination petition continues to exist because of the following:

(CPR) [ ] The child has been placed in the care of a relative.

(NSP) [ ] DCYF has not provided the child’s family with the services that are necessary for the child’s safe return home.

(CRD) [ ] DCYF has documented a compelling reason as the basis for its determination that filing a termination petition would not be in the best interests of the child.

(IPM) [ ] The parent is incarcerated, or the parent’s prior incarceration is a significant factor in why the child has been in foster care for 15 of the last 22 months, DCYF has not documented another reason why it would be otherwise appropriate to file a petition, and the parent maintains a meaningful role in the child’s life, because:

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(PCT) [ ] The parent has been accepted into a dependency treatment court program or long-term substance abuse or dual diagnoses treatment program and is demonstrating compliance with treatment goals.

(NFA) [ ] The parent was court-ordered to complete services necessary for the child’s safe return home. The parent filed a declaration under penalty of perjury that the parent is financially unable to pay for those court-ordered services and that DCYF was unwilling or unable to pay for those services necessary for the child’s safe return home.

(GAA) [ ] The department has not yet met with the caregiver to discuss guardianship as an alternative to adoption for a permanent plan

(GPP) [ ] The court has determined guardianship is an appropriate permanent plan.

(GCF) [ ] Other:

[ ] DCYF should file a termination petition pursuant to RCW 13.34.136(3) against [ ] parent 1 [ ] parent 2 because good cause no longer exists.

2.5 [ ] The child is legally free and it has been six months or more since all parental rights were terminated. The court shall appoint an attorney by separate order.

2.6 Other:

**III. Order**

3.1 [ ] The child shall remain dependent.

3.2 [ ] The prior court order entered on *(date)* remains in full force and effect except as expressly modified as follows:

3.3 [ ] Child’s educational liaison

[ ] *(Name)* shall continue as the child’s educational liaison.

[ ] (*(Name)* is removed as the educational liaison.

[ ] The court appoints *(Name)* to serve as the child’s educational liaison to carry out the responsibilities described in RCW 13.34.046. The educational liaison must complete criminal background checks required by DCYF.

3.4 [ ] DCYF shall file a petition for termination of parental rights as to [ ] parent 1 [ ] parent 2.

3.5 [ ] *(Name)* is dismissed as a party to the dependency.

3.6 [ ] Other:

3.7 All parties shall appear at the next scheduled hearing (see page one).

Dated:

**Judge/Commissioner**

Presented by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name/Title WSBA No.

**Notice**: **A petition for permanent termination of the parent-child relationship may be filed if the child is placed out-of-home under an order of dependency**. **(RCW 13.34.180**.**)**

Copy Received; Approved for Entry; Notice of Presentation Waived:

Signature of **Child** [ ] Signature of Child’s Lawyer

Print Name WSBA No.

[ ] Signature of **Parent 1** [ ] Signature of Parent 1’s Lawyer

[ ] Pro Se, Advised of Right to Counsel

Print Name WSBA No.

[ ] Signature of **Parent 2** [ ] Signature of Parent 2’s Lawyer

[ ] Pro Se, Advised of Right to Counsel

Print Name WSBA No.

[ ] Signature of **Guardian or Legal Custodian** [ ] Signature of Guardian or Legal Custodian’s Lawyer

[ ] Pro Se, Advised of Right to Counsel

Print Name WSBA No.

[ ] Signature of Child’s **GAL** [ ] Signature of Lawyer for the Child’s GAL

Print Name Print Name WSBA No.

Signature of **DCYF Representative** Signature of DCYF Representative’s Lawyer

Print Name Print Name WSBA No.

[ ] Signature of **Tribal Representative** [ ] Signature

Print Name Print Name WSBA No.

Lawyer for